

ILLUSTRATIONS

OF A

PECULIAR BLEEDING TUMOUR OF THE RECTUM.

BY

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ILLUSTRATIONS,

&c.

THE morbid growth which it is my purpose to illustrate here, must be of very rare occurrence, since I have not been able to find any recorded instance of a strictly analogous formation. Two examples have fallen under my own observation in practice. In the history of the case to be first referred to, which I saw in consultation with Dr. Rogers, these were the leading facts :—

Mrs. R., a lady in good health and with every appearance of a sound constitution, at middle age, gave the following account of her malady. Ten years ago she began to suffer “irritation” of her bowels. She had frequent calls to evacuate their contents—as often as ten or twelve in a day, passing mostly nothing but mucus.

Four years since she became conscious of the protrusion of some “substance” or tumour at the anus in company with every fæcal evacuation; and since then the protrusion has continued under the

same circumstances. When I first saw this lady, she still had the same frequent needs to evacuate. The frequency varied. Any food that disagreed with the stomach, pastry for instance, increased it. The discharge has lately been for the most part a thin fluid reddened more or less with blood. At night, while lying a-bed, Mrs. R. was free from uneasiness; but when she left her bed, there arose at once a sense of fulness in front of the abdomen as well as behind, together with a feeling of inability "to draw herself up." At the same time the nusus for evacuation became urgent, insomuch that while engaged with her toilette, she was obliged to empty the bowel commonly three times. The protrusion of a tumour from within the gut into the grasp of the sphincter often occurred without fæcal evacuation.

This lady had been told from time to time, during several years, that she suffered from piles. From the various methods of treatment that had been resorted to for her relief, she derived no advantage. Recently she had taken the acid tincture of iron (*tinctura ferri sesquichloridi*) prescribed by a physician. While she used that medicine, the general health was improved; but the sense of a lump being in the bowel became more evident, and at the same time the loss of blood was greater.

I found the tumour fixed to the bowel about two inches from its orifice. It was of deep red colour; and it bled freely. It was connected with the mucous membrane upon which it was sessile. In other

words, there was no connection with the muscular coat of the gut, and there was no narrow part in the form of a neck. The bowel around the diseased out-growth, was found to be free from hardness, and also from any other indication of disease.

Assisted by Dr. Rogers, Mr. Cardell and Mr. Vincent Jackson, I removed the tumour. After the operation, which was performed in July 1857, the patient did well in all respects. Dr. Rogers has informed me that some months ago his patient had a degree of discomfort from a costive state of the bowels; but that the trouble on that score being removed, she felt not the least inconvenience in the bowel. I have ascertained that now, August 1859, Mrs. R. has not the slightest suffering from a return of the former or from any other affection of the bowel.

The size and form of the tumour are well represented in the figure, No. 1, which has been taken from Mr. Ford's accurate drawing of the recent preparation. The colour was that of arterial blood. To the touch the mass was soft and pulpy, giving the notion of a comparatively small amount of solid matter. Short, thick, soft processes projected over the whole surface; they were more or less club-shaped; some were undivided, others were notched. Under the microscope each process was found to consist of a thick coating of epithelium, large vessels, and basement membrane, with a support of fibrous structure: fig. 2. No appearance was discovered to

indicate a malignant or cancerous growth, though careful search was made by Professor Quekett, of the College of Surgeons.

The tumour in the second case was in a great measure similar in appearance and in kind to that above described. The same rounded projecting processes were seen on it. The size, however, was much greater, and the processes differed more one from the other in shape. The vascularity was the same, even more developed—the whole tumour and its parts being, as it were, more developed. The drawing has been taken from the preserved preparation of the full size. When first removed, however, the mass was considerably larger. It has been shrunk by the strong spirit in which it was immersed for preservation, and has, at the same time, become more solid to the feel. See figure 3.

Before I saw the patient from whom I removed this growth (a lady, then aged 68 years) she had been suffering inconvenience in the bowel for seven years; and during two of those years she was in almost continual distress occasioned by the presence of the large mass and its constant protrusion each time she had an evacuation, and even with the escape of flatus. It was replaced by a servant after each descent; in fact, a servant was kept exclusively to attend on this lady. There was much loss of blood.

Five years have elapsed since the operation by which the tumour was removed, and there has been

no indication of any return of the disease in the same place, or of any evil elsewhere arising from it. In a former publication ("The Diseases of the Rectum," 2nd edition, page 295), I have made reference to this case.

It will be observed that the processes, which constitute the characteristic of the appearance of the disease, vary much in thickness and in length in the example now under observation: figures 3 and 4. They are much larger than in the preceding case, though, like the whole mass, they have lost much of their natural size under the influence of the preserving fluid. The processes are generally enlarged at the ends—club-shaped; and that shape is much more marked in some than their neighbours. In the smaller figure (4) some of the processes are seen to be single, but others are joined at their origin, springing, several from the same stem; while again, slender processes arise from thick ones near their bases. In the middle of the same (smaller) figure, No. 4, one process with a narrow root swells suddenly into a little mass, shorter and much thicker than those around. Many such will be recognised in the larger figure, and, indeed, the few more completely shown in the small drawing may be regarded as typical of the whole growth.

The result of microscopical examination was in this case similar to that in the former one: vascularity was the most prominent character, the vessels being covered only with a very delicate membrane,

and a layer of epithelium. No character of malignant disease was observed, though carefully sought for. The tumour was examined in its recent state by my colleague, Dr. Jenner, the professor of pathological anatomy in University College.

I do not hesitate to regard the morbid outgrowths in the preceding cases as being the same in kind. The principal characteristic of both was vascularity; the principal evil they occasioned was the loss of blood. There was in both, when recent, as well as around them in the bowel, the same absence of hardness, with the same freedom from taint of the constitution. The naked eye appearances of the surface did not differ materially; and the microscopical characters were substantially the same.

In a publication before referred to, I applied the term "Villous" to one of these tumours, on account of the projections on its surface. But that designation has been abandoned, for the reason that it might lead to error, or at least to confusion, since it has been already assigned by German observers of high authority to growths described by them as a form of cancer. To the nature of the class of growths so named (villous cancer), it becomes necessary to make some reference, since the tumours described in this paper might be assimilated to them. The reference will be such only as may be enough to serve for comparison.

Under the name "villous cancer," (in German, Zottenkrebs), and as a variety of medullary cancer,

Rokitansky* has ranged the arborescent vascular tumours which form in the urinary bladder, and (besides others) the arborescent growths in cysts, "as chiefly on the inner wall of the cysts of cysto-carcinoma of the uterus." The following is his definition:—"The villous cancer is a medullary carcinoma, whose stroma is represented by the arborescent form of growth," p. 266. Further he states, "that the only difference between villous cancer, and the common form of medullary carcinoma is in the form, which, moreover, depends on the stroma," p. 269. The arborescent form, which is thus regarded as the distinguishing character of villous cancer, is well illustrated in the tufted vascular growth of the urinary bladder. But that form cannot be said to characterise the "peculiar bleeding tumour" of this essay.†

Another German writer, a practical surgeon,‡ has described, as examples of "medullary villous cancer of the rectum," two cases in which he operated, for extirpation of the disease. The nature of the tumours in these cases will be sufficiently shown by a short extract. "The medullary villous cancer of the rectum," says Dr. Schuh, "is not, to my knowledge, mentioned by any writers. I have published

* *Lehrbuch der pathologischen Anatomie*, von Karl Rokitansky, Band 1, dritte Auflage, 1855.

† See NOTE, page 11.

‡ *Pathologie und Therapie der Pseudoplasmen*, von Dr. Franz Schuh, Professor der Chirurgie an der Universität in Wien. 1854.

two such cases. The likeness to epithelial cancer is much calculated to mislead, and it may be because of its being confounded with this latter, that no one makes mention of medullary villous cancer of the rectum."

"First case.—A woman, 32 years old, states that two years ago she began to have difficulty in voiding fæcal matter, which was often mixed with blood. Six months since a lump appeared at the anus, which gradually grew. The appearance on admission was as follows: outwardly, the degeneration formed a light-red, hard, everted, annular tumour, which continued inwards, and extended about three inches upwards. There were no prominences within, but all appeared everywhere pretty even," p. 432.

Of the second case it is said, in Schuh's report, that "a lump appeared at the anus five months before:" "that at the time of the patient's reception the anus was nearly encircled by a bluish-red excrescence * * * * the consistence of which was solid, in parts remarkably hard, and the skin and the mucous membrane were involved." * * * "The patient was a female, aged 31 years, who had been suffering in the rectum for two years," p. 433. The diseased parts were excised in both cases; and in the first, indurated glands were removed from the cellular membrane, high above the disease.

It can be but little necessary to point out that these hard deposits, growing quickly, spreading into the surrounding structures, infiltrating them, and

affecting lymphatic glands, are entirely unlike the soft vascular outgrowths which it has been the object of this paper to describe. If Professor Schuh's cases are examples of medullary villous cancer, it is obvious that mine are not; and the two ought not, in my judgment, to be connected by any community of name.

NOTE.—It is no part of my present object to discuss the questions:—If, indeed, the arborescent tumour of the bladder belongs to the same class of growths as the “vegetations in cysts,” and the “cauliflower formations” elsewhere; and if it is really a form of cancer. Nevertheless, I think it right to say here, that in the examples of that vesical growth which have come under my observation in practice—and the same may be said of others which have been recorded, in so far as I am acquainted with them—the evidence of a malignant type, which the history of a case would afford, was wholly wanting. But, with the most willing acknowledgment of the great assistance microscopical observation affords in skilful and experienced hands, I do not think it too much to say, that that kind of evidence is indispensable in order to affirm the truly cancerous nature of any morbid growth rarely met with. I would add, that notwithstanding some differences of shape, the Bleeding

tumour of the rectum seems to me to have in its nature, as well as in its effects, much analogy with a form of the vascular tumour of the bladder—more with it than with any other growth I am acquainted with.

EXPLANATION OF THE DRAWINGS.

FIGURE I.—The tumour removed in Case 1, is here represented of the natural size. It was drawn from the fresh preparation.

A single process is shown in FIGURE II., enlarged to 160 diameters.

The epithelial covering is here partially displayed at one side. The blood-vessels are shown.

FIGURE III.—The whole tumour of the second Case is here shown.

Before this drawing was made the preparation had been for some time in a strong spirit for preservation; and it was thereby deprived of its natural colour, which was that of the arterial blood it was loaded with. From the same cause the mass had lost much of its natural size, and so had its individual parts or processes.

FIGURE IV. represents a small piece of the tumour (Figure III.), to exhibit the various shapes of some of the processes.



